

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Division of Vital Records • 6550 Reisterstown Road, Baltimore MD 21215-0036

REPORT OF ABSOLUTE DIVORCE OR ANNULMENT OF MARRIAGE

| COURT FILE NUMBER | | STATE FILE NUMBER | |
|-----------------------|--|---|--|
| PARTY 1 | 1. PARTY 1 NAME (First, Middle, Last) | 1b. NAME PRIOR TO FIRST MARRIAGE | 2. AGE |
| | 3a. RESIDENCE — City, Town, or Location | 3b. COUNTY | 3c. STATE |
| | 4. BIRTHPLACE (State or Foreign Country) | | 5. DATE OF BIRTH (Month, Day, Year) |
| PARTY 2 | 6a. PARTY 2 NAME (First, Middle, Last) | 6b. NAME PRIOR TO FIRST MARRIAGE | 7. AGE |
| | 8a. RESIDENCE — City, Town, or Location | 8b. COUNTY | 8c. STATE |
| | 9. BIRTHPLACE (State or Foreign Country) | | 10. DATE OF BIRTH (Month, Day, Year) |
| MARRIAGE | 11a. PLACE OF THIS MARRIAGE — City, Town, or Location | 11b. COUNTY | 11c. STATE OR FOREIGN COUNTRY |
| | 12. DATE OF THIS MARRIAGE (Month, Day, Year) | | |
| ATTORNEY | 13. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD (Month, Day, Year) | 14. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 13 Number _____ <input type="checkbox"/> None | 15. PLAINTIFF <input type="checkbox"/> Party 1 <input type="checkbox"/> Party 2 <input type="checkbox"/> Both <input type="checkbox"/> Other (specify) _____ |
| | 16a. NAME OF PLAINTIFF'S ATTORNEY (Type/Print) | | 16b. ADDRESS (Street or Rural Route Number, City or Town, State, Zipcode) |
| DECREE | 17. NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS AWARDED TO Party 1 _____ Party 2 _____ Joint (Party 1/Party 2) _____ Other _____ <input type="checkbox"/> No Children | | 18. LEGAL GROUNDS FOR DECREE |
| | 19a. TITLE OF COURT | | 19b. COUNTY OF DECREE |
| CLERK OF COURT | 20. I CERTIFY THAT THE MARRIAGE OF THE ABOVE NAMED PERSONS WAS DISSOLVED ON (Month, Day, Year) | | 21. TYPE OF DECREE — Divorce, Dissolution, or Annulment (specify) |
| | 22. DATE RECORDED (Month, Day, Year) | | |
| PARTY 1 | 23a. SIGNATURE OF CERTIFYING OFFICIAL | 23b. TITLE OF CERTIFYING OFFICIAL | 24. DATE SIGNED (Month, Day, Year) |
| | | | |
| PARTY 2 | 25. NUMBER OF THIS MARRIAGE First, Second, etc., (Specify below) | 26. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED by Death, Divorce, Dissolution or Annulment (Specify below) Date ended (Month, Day, Year) | 27. ETHNICITY AND RACE HISPANIC OR LATINO? (Specify YES or NO below) RACE (Specify below. If multiracial, list all races that apply). |
| | 28. EDUCATION (Specify only highest grade completed) ELEMENTARY/SECONDARY (0-12) COLLEGE (1-4 or 5+) | | |
| PARTY 1 | 25a. | 26a. | 27a. 27b. 28a. 28b. |
| PARTY 2 | 25b. | 26b. | 27c. 27d. 28c. 28d. |

The information on this form is collected under the authority of Md. Code, Ann. Health-General §4-206 and Family Law §2-503 for the purposes of the Department of Health and Mental Hygiene's collecting, indexing, and safeguarding the record and conducting statistical analyses concerning divorces and annulments. The divorced or annulled parties may inspect, amend, or correct this record. Once this form is in the possession of the Department of Health and Mental Hygiene, it or information from it is available only upon request by the divorced or annulled parties and representatives authorized by them to view the record, as set forth at COMAR 10.03.01.07B(4). If the form is in the court file, it is generally available for public inspection.

CLERK OF THE COURT: When a petition for absolute divorce or annulment is filed, please give a copy of this form to the attorney for completion of Items 1-19 and 25-28. When the decree is signed, check completeness of the items, complete items 20-24, and mail the form to DHMH, Division of Vital Records, 6550 Reisterstown Rd., Baltimore, MD 21215-0036 on or before the 10th day of the month succeeding the divorce or annulment.

ATTORNEY: Complete items 1-19 and 25-28 of this form and ask your client to verify the information. RETURN THIS FORM TO THE CLERK OF THE COURT.

Entries should be typewritten or printed in indelible black ink.